

Report to the Iowa General Assembly
Access to Obstetrical Care in Iowa
1997 Acts, Chapter 197, Section 1, Subsection 18A

Submitted January 2006 by the
Iowa Department of Public Health
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Obstetrical and Gynecological Care in Iowa: A Report on Health Care Access

To Iowa Legislature -- Year 2005 Introduction

This report has been prepared annually in response to a 1997 legislative mandate detailed in the *Iowa Acts 1997 General Assembly*, Chapter 197, Section 1, Subsection 18A. The legislative reference for this report is outlined below.

NEW SUBSECTION. 18A. Consult with the Office of Statewide Clinical Education Programs at the University of Iowa College of Medicine and annually submit a report to the general assembly by January 15 verifying the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care. To the extent data are readily available, the report shall include information concerning the number of deliveries per year by specialty and county, the age of physicians performing deliveries, and the number of current year graduates of the University of Iowa College of Medicine and the University of Osteopathic Medicine and Health Sciences entering into residency programs in obstetrics, gynecology, and family practice. The report may include additional data relating to access to obstetrical services that may be available.

The Bureau of Health Care Access, Iowa Department of Public Health, has consulted with the Office of Statewide Clinical Education Programs at the University of Iowa Carver College of Medicine and has determined that without additional funding and staff to develop and implement a survey that will collect this data, we cannot verify the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care, nor assess the availability of obstetrical services to the citizens of Iowa by using available data to show the distribution of obstetricians, family medicine physicians and other health care professionals who are able to deliver prenatal and obstetrical services. Since the inception of this report, the Iowa Department of Public Health has endeavored to provide accurate and pertinent data, but has encountered several obstacles.

The data currently tracked may provide an overview of issues, but are not sufficient to directly answer the questions posed in the legislation, nor can it comprehensively portray the obstetrical and/or gynecological (OB/GYN) access issues facing the citizens of Iowa - particularly those in rural areas. Some examples of current data limitations include the following factors:

- Unavailable county-specific data on health-care professionals currently practicing obstetrics,
- Limited data on physician age,
- Unavailable or insufficient graduation rate and residency location data, and
- Unavailable physician specialty data.

Despite the shortcomings in available data, the report does attempt to use existing data to cover some of the prenatal and obstetrical care access issues facing Iowans. This report includes the following information:

- Birth data according to occurrence, location and type of health-care professional delivering the baby;
- Brief description of state demographics;
- General data on health care professionals and institutions; and
- Limited prenatal-care data.

Data sources used for this report include the following:

- University of Iowa College of Medicine, Office of Statewide Clinical Education Programs (OSCEP)
- Iowa Department of Public Health – Bureau of Vital Records and Health Statistics
- Iowa Board of Nursing
- Association of Iowa Hospital and Health Systems
- 2000 U.S. Census of Population

Reports previously submitted break data into urban (Metropolitan Statistical Area) and rural (non-Metropolitan Statistical Area) categories defined by the United States Office of Management and Budget (OMB). Metropolitan Statistical Areas (MSA) (urban), are core areas containing a population nucleus greater than 50,000. Under this definition Iowa had 10 MSA urban areas. In this report the Old label will indicate the accumulation of data under this specific method.

The OMB, Bulletin 03-04, June 2003 revised the definition for Metropolitan Statistical Areas (MeSA). The definition was originally published December 27, 2000 by the OMB in the Federal Register (65 FR 82228 – 82238). MeSAs comprise the central county containing the core population of at least 50,000, plus adjacent outlying counties having a high degree of social and economic integration, as measured through commuting. Under this redefined definition Iowa has 20 MeSAs. In this report the New label will indicate the accumulation of data under this specific method.

This report will be compiled using both the old and new methods for MSA and MeSA to transition this report into the new reporting system and offer comparison for previous years.

Demographics

Rural (Old - 89 Counties / New – 79 Counties)

	Old			New		
• Rural area citizens equal approximately	55%	or	1,600,191	47%	or	1,362,732
• Ratio of population to primary care physicians	1842:1			1829:1		
• Women of childbearing age, 15-44	19%	or	301,405	18%	or	248,842
• Ratio of women of childbearing age to primary care physicians	347:1			334:1		
Note: It is unknown how many physicians actually see women for prenatal care or deliver babies.						
• Ratio of women of childbearing age to OB/GYN physicians	5687:1			5657:1		

Urban (Old – 10 MSA / New – 20 MeSA)

	Old			New		
• Urban area citizens equal approximately	45%	or	1,326,133	53%	or	1,563,592
• Ratio of population to primary care physicians	1544:1			1591:1		
• Women of childbearing age, 15-44	23%	or	301,283	23%	or	353,796
• Ratio of women of childbearing age to primary care physicians	351:1			360:1		
Note: It is unknown how many physicians actually see women for prenatal care or deliver babies.						
• Ratio of women of childbearing age to OB/GYN physicians	2521:1			2753:1		

Total

• According to the 2000 U.S. Census data, Iowa’s population is	2,926,324					
• Total population to the total number of primary care physicians ratio	1,694:1					
• Physicians working full time	1,706					
• Physicians working part time	43					
• Physician’s full-time equivalent (FTE) estimate	1,727.5					
• Women of childbearing age, 15-44	602,688					
	Old			New		
○ Women of childbearing age in rural areas	19%	or	301,405	18%	or	248,892
○ Women of childbearing age in urban areas	23%	or	301,283	23%	or	353,796
• Ratio of women of childbearing age to family practice and OB/GYN physicians	481:1					
• Ratio of women of childbearing age to the total number of OB/GYN physicians	3,494:1					

Other related information

• Population living at or below 100 percent of the federally set poverty level equals	9%	or	258,008
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Provider Information

For the purposes of this count, primary care means all family practice, general internal medicine, and general pediatric, non-family practice-doing family practice and OB/GYN physicians. The data do not count physicians categorized as sub-specialists, federal physicians, medical administration, research, state institution, teaching positions or urgent care.

Rural (Old - 89 Counties / New - 79 Counties)

• OB/GYN Physicians:	Old	New
○ Number working full-time	53	44
○ Number working part-time	0	0
○ Number of full-time equivalent positions	53 FTE	44 FTE
○ Average age is	47 Years	47 Years

• Family Practice Physicians:		
○ Number working full-time	638	555
○ Number working part-time	13	11
○ Number of full-time equivalent positions	644.5 FTE	560.5 FTE
○ Average age is	48 Years	48 Years

• Primary Care Physicians:		
○ Number working full-time	860	738
○ Number working part-time	17	14
○ Number of full-time equivalent positions	868.5 FTE	745 FTE
○ Average age is	48 Years	48 Years

Urban (Old - 10 MSA / New - 20 MeSA)

• OB/GYN Physicians:	Old	New
○ Number working full-time	119	128
○ Number working part-time	1	1
○ Number of full-time equivalent positions	119.5 FTE	128.5 FTE
○ Average age is	47 Years	47 Years

• Family Practice Physicians:		
○ Number working full-time	428	511
○ Number working part-time	15	17
○ Number of full-time equivalent positions	435.5 FTE	519.5 FTE
○ Average age is	46 Years	46 Years

• Primary Care Physicians:		
○ Number working full-time	846	968
○ Number working part-time	26	29
○ Number of full-time equivalent positions	859 FTE	982.5 FTE
○ Average age is	46 Years	46 Years

Total

• OB/GYN Physicians:	
○ Number working full-time	172
○ Number working part-time	1
○ Number of full-time equivalent positions	172.5 FTE
○ Average age is	47 Years

• Family Practice Physicians:

○ Number working full-time	1066
○ Number working part-time	28
○ Number of full-time equivalent positions	1080 FTE
○ Average age is	47 Years

• Primary Care Physicians:

○ Number working full-time	1706
○ Number working part-time	43
○ Number of full-time equivalent positions	1727.5 FTE
○ Average age is	47 Years

Other

• Number of certified nurse midwives per the Iowa Board of Nursing	73
• Number of estimated OB/GYN nurse practitioners (Iowa Board of Nursing)	146

Note: Licenses show Advanced Registered Nurse Practitioners have OB/GYN training but do not specify if they are practicing.

The OB/GYN maps included at the end of this document denote the number of OB/GYN full-time equivalent (FTE) positions in each county. Map-1 shows the Old method with 10 MSAs and Map-2 shows the New method with 20 MeSAs. It should be noted, however, that The University of Iowa Hospitals and Clinics' OB/GYN physicians are not included in this data set due to their teaching and research roles. Therefore, the numbers for Johnson County may appear low. If it were possible to isolate the FTE position time spent seeing patients, the FTE number would likely increase for that county. However, this information is not available and is excluded to avoid biased reporting in Johnson County.

Total Births by Attendant

2004 Iowa births are by occurrence regardless of residence (includes residents of other states)

Total Births by all Attendants	38,527	100.0 %
Physician (MD)	29,159	75.6 %
Physician (DO)	6,891	17.8 %
Certified Nurse Midwife	2,064	5.3 %
Other Midwife	131	0.3 %
Other	282	0.7 %
Not Classifiable	0	0.0 %

Data to indicate which specialty degrees were held by the involved physicians are unavailable. Additionally, data are not available at this time to determine if the health care professionals provided prenatal and obstetrical care. The age of the physicians delivering births is also unavailable because it is unknown which physicians actually provided each specific delivery.

Total Births by Birth Settings Iowa, 2004

Place	Number
Total	38,527
Hospital setting	38,196
In-home setting	305
Birthing Center	22
Other	4

	Old	%	New	%
Rural hospitals	12,977	34	12,951	30
Urban hospitals	25,550	66	26,960	70

Hospital and Health Facility Information Iowa, 2004

• Number of all Iowa hospitals excluding Veterans Administration, December 31, 2004	117	
	Old	New
• Hospitals in rural (non-metropolitan statistical area) areas	95	*95
o Number of rural referral hospitals	7	6
o Number of Critical Access Hospitals, CAHs	70	82
o Number that reported at least one delivery in 2004	72	*72
• Hospitals in urban areas	22	*22
o Number that reported at least one delivery in 2004	18	*18

* Hospitals that are recognized as Critical Access Hospitals must be located in rural areas. State regulations recognize twelve Critical Access Hospitals located in metropolitan Statistical Areas as rural based on designations and criteria prior to the new designation process. These hospitals are included in the rural hospital total.

• Obstetrical Health Care Provider Trends, Iowa -- 2001-2005

	2005	2004	2003	2002	2001
OB / OB/GYN FTEs	172.5	172.5	174.5	180.5	173
Family Practice FTEs	1,080	1078.5	1060.5	1088.5	1,059
Certified Nurse Midwives FTEs	73	70	60	60	12/58*
Ratio of women of child-bearing age to primary care physicians	349	352:1	358:1	350:1	**

*Database used in previous years from the Office of Statewide Clinical Education Programs survey indicates 12 CN Midwives. However Iowa Board of Nursing data show 58 are licensed and trained in this area.

**Unable to calculate due to unavailability of 2001 population estimates.

Conclusions

There continues to be insufficient data to respond completely to the information requested by the Iowa Legislature. After continued consulting with existing agencies providing physician data, it was determined that an annual health care professional survey is needed to determine such factors as:

- Scope of practice of health care providers,
- Area covered geographically by each practice,
- Number of hospital facilities used for deliveries, and
- Information on prenatal and obstetrical health-care access that is more detailed.

The issue of access to prenatal and obstetrical health care has become difficult to deal with beyond the need to report on the impact of tort reform on the availability of these services. This is due, in part, to lack of data and to the growing use of physician assistants and nurse practitioners for provision of basic obstetrical care. A survey would

provide both the basic information needed to track the impact of tort reform as well as information on such additional issues as:

- Coverage under Medicaid for non-insured patients,
- Issues related to the financial viability of obstetrical practice in rural areas,
- Issues of concern to physicians such as being on-call,
- Analysis of liability insurance coverage costs, and
- Information on birthing facilities in rural hospitals.

Currently, data must be compiled from many data sets, making it difficult to control for consistency across variables. Existing agencies that could provide this data do not currently have either the capacity or the intention to develop services in this area.

- The Iowa Department of Public Health met with agencies to determine how their problems can be remedied. It was determined in the 2000 annual report to the General Assembly on access to obstetrical care that if more accurate data were wanted, additional funds would need to be secured annually to pay for a survey by the University of Iowa, Office of State Wide Clinical Education Programs. In 2000 it was estimated that the lead-time needed to implement a survey in 2001 would mean the earliest available report would be for the calendar year 2002. Since this office did not receive any response or direction from the previous year's report, no new action has been taken and the Office of Statewide Clinical Education Programs continues to be informed of this report.

The Bureau of Health Care Access, Iowa Department of Public Health, requests once again that the members of the Legislature review this mandated report and determine one of the following actions:

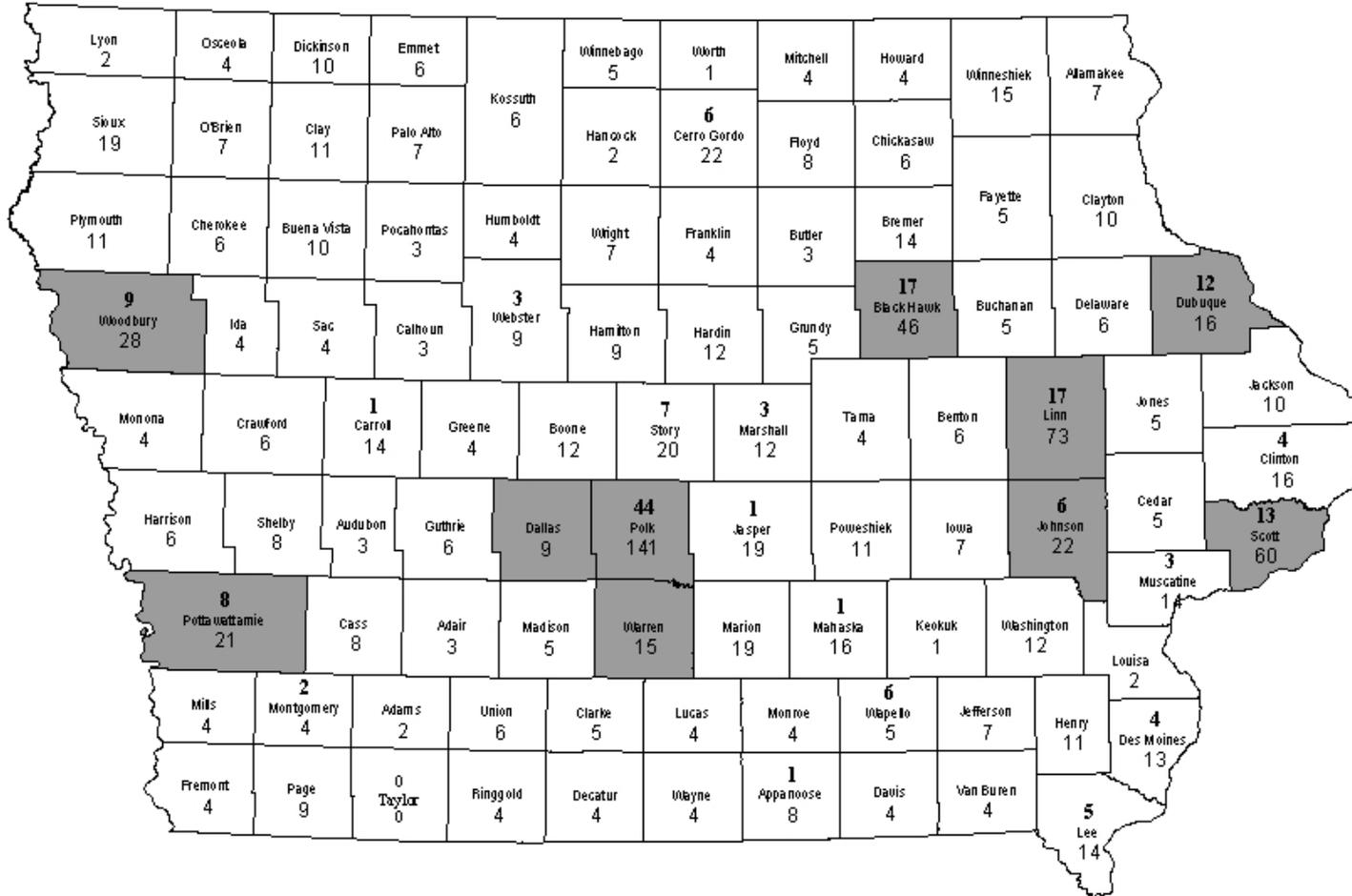
- Continue the report as submitted,
- Allocate additional funding to generate the additional data needed to complete the report as mandated, or
- Remove the report from the current legislation if it is deemed unnecessary.

The Iowa Department of Public Health is not authorized to discontinue this report or undertake a new survey without further direction or funding. Additional information may be covered or questions asked by contacting:

Doreen Chamberlin, Bureau Chief, Bureau of Health Care Access, Iowa Department of Public Health, 321 East 12th Street, Lucas State Office Building, 4th Floor SW, Des Moines, Iowa 50319 or call 515-242-6383.

OB/GYN Report 2004

Old Method (Pre-June 2004)



LEGEND

-  Iowa State & County Boundaries
-  Metropolitan Statistical Area, MSA
-  Rural Counties
- Upper Number** OB/GYN Providers
- Lower Number** Family Practice Providers



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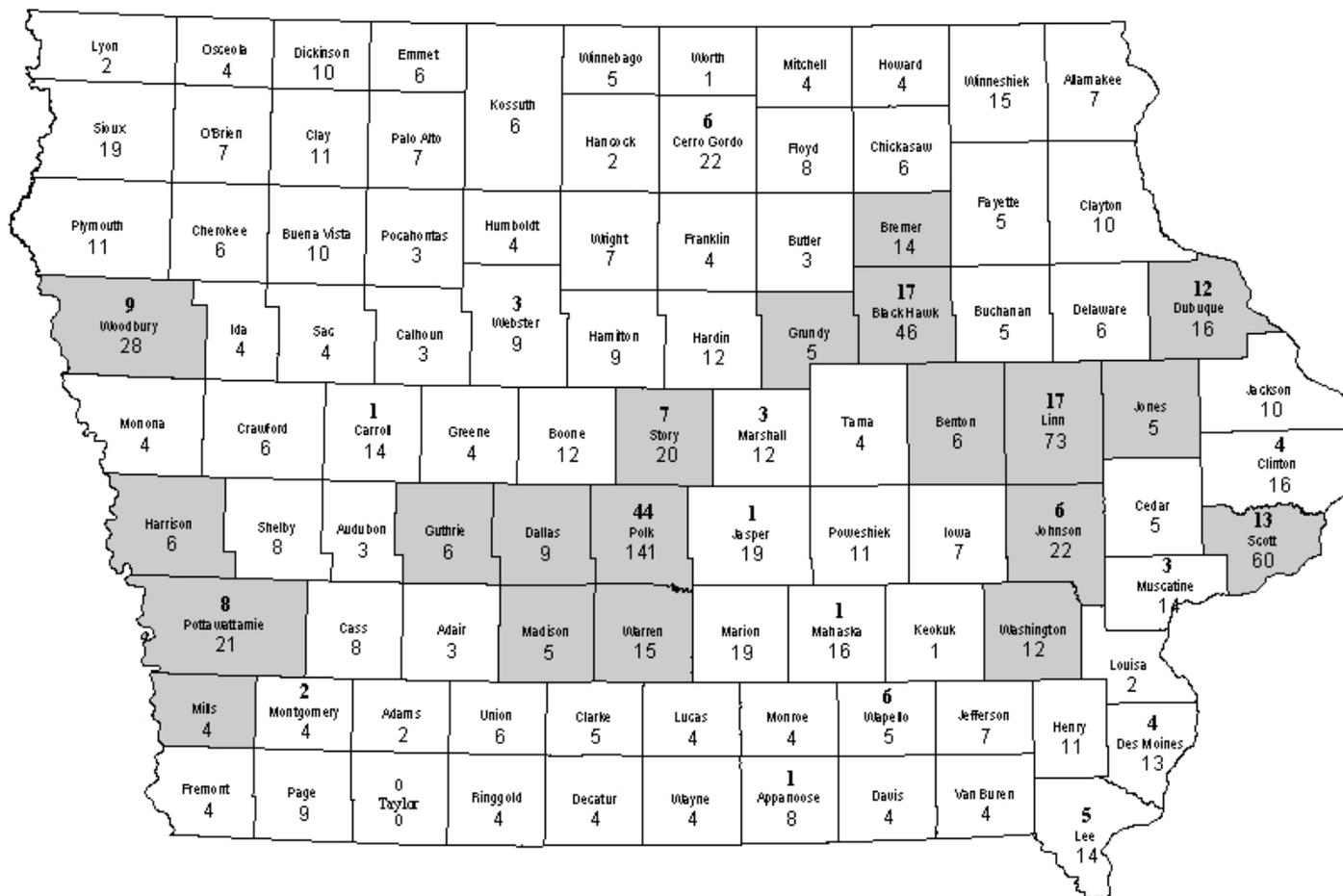
Bureau of Health Care Access
 Division of Health Promotion &
 Chronic Disease Prevention
 Iowa Department of Public Health

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Map - 1

OB/GYN Report 2004

New Method (Post-June 2004)

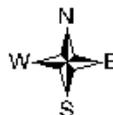


LEGEND



Upper Number
Lower Number

Iowa State & County Boundaries
Metropolitan Statistical Area, MSA
Rural Counties
OB/GYN Providers
Family Practice Providers



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Map - 2